CHECK-IN LIST ICS 211
(SEMS 2003)

1. INCIDENT NAME	2. CHECK-IN LOCATION	3. DATE / TIME
	☐ STAGING AREA _____ ☐ ICP RESOURCE UNIT ☐ CAMP _____ ☐ BASE ☐ HELIBASE _____	

CHECK-IN INFORMATION

4. LIST PERSONNEL (OVERHEAD) BY AGENCY AND NAME / LIST EQUIPMENT BY THE FOLLOWING FORMAT:					5. ORDER/ REQUEST NUMBER	6. DATE / TIME CHECK-IN	7. LEADER'S NAME	8. TOTAL NO. PERSONNEL	9. MANIFEST		10. CREW WEIGHT OR INDIVIDUALS WEIGHT	11. HOME BASE	12. DEPARTURE POINT	13. METHOD OF TRAVEL	14. INCIDENT ASSIGNMENT	15. OTHER QUALIFICATIONS	16. SENT TO RESTAT - TIME
AGENCY	SINGLE T/F S/T	KIND	TYPE	ID. NO / NAME					YES	NO							

17. PREPARED BY (NAME AND POSITION) USE BACK FOR REMARKS OR COMMENTS

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